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House Insurance Committee:  
HB 2075 – Coverage for Colorectal Cancer Screening

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State Employee Health Benefits Plan

The State Employee Health Plan (SEHP) currently covers colorectal cancer screenings at 100%. Colonoscopies and related procedures have always been covered under the SEHP, but the move toward 100% coverage was made in 2006. At that time the State Employees Health Care Commission (HCC) approved coverage of one medically necessary routine colonoscopy per member per lifetime, to begin in Plan Year 2007. Additional colonoscopies were also covered, but were subject to coinsurance. What we learned during Plan Year 2007 is that most colonoscopies were not coded by the medical provider as “routine,” which prevented our members from receiving the enhanced preventive benefit.

In 2007, the HCC approved major plan design changes to move the plan toward a more robust value-based benefit design. One of the changes was to remove the requirement that colonoscopies be “routine” and to remove the limit of one procedure under the preventive benefit per lifetime. Members now have coverage for colonoscopies at 100% when they use a network provider. The plan offers the 100% coverage benefit to members over the age of 50, or a member of any age who has a family history of colorectal cancer.

In terms of the demographics of the SEHP, we cover an average of about 90,000 lives at any given time. Of that amount, 74.0 % are active employees, 11.9% are retirees, 13.9% are part of our non-state group, and .2% are COBRA. The current average age of our enrolled employees is 46, and the overall covered population is 39.5 years of age.

Plan Year 2008 was the SHEP’s first year of being completely self-insured. In Plan year 2008, the SEHP spent \$6.3 million on claims related to colorectal cancer screening. Of that amount, \$4.6 million (73.3%) was for the population age 50 and over, and \$1.7 million (26.6%) for the population under age 50. Of the costs for the 50 and older population: colonoscopy accounted for 94.6% of all costs related to colorectal screening; sigmoidoscopy accounted for .5% of all costs related to colorectal screening; and nearly 5% of all costs were attributable to “other” procedures.

Because billing decisions are made at the discretion of physicians’ offices, it is impossible to say how much of our current spend for colorectal procedures is related to the screening mandated in HB 2075, and how much is purely diagnostic.